

**CLAIMS ONLY**

 Application Number  
**10774531**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            | /        |        |                       |        |                        |        |
| 2            | /        |        |                       |        |                        |        |
| 3            | /        |        |                       |        |                        |        |
| 4            | /        |        |                       |        |                        |        |
| 5            | /        |        |                       |        |                        |        |
| 6            | /        |        |                       |        |                        |        |
| 7            | /        |        |                       |        |                        |        |
| 8            | /        |        |                       |        |                        |        |
| 9            | /        |        |                       |        |                        |        |
| 10           | /        |        |                       |        |                        |        |
| 11           | /        |        |                       |        |                        |        |
| 12           | /        |        |                       |        |                        |        |
| 13           | /        |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           | /        |        |                       |        |                        |        |
| 17           | /        |        |                       |        |                        |        |
| 18           | /        |        |                       |        |                        |        |
| 19           | /        |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           | /        |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
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| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        |                       |        |                        |        |
| Total Depend |          |        |                       |        |                        |        |
| Total Claims |          |        |                       |        |                        |        |

| *            | *      | *     |        |       |        |
|--------------|--------|-------|--------|-------|--------|
| Indep        | Depend | Indep | Depend | Indep | Depend |
| 51           |        |       |        |       |        |
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| 98           |        |       |        |       |        |
| 99           |        |       |        |       |        |
| 100          |        |       |        |       |        |
| Total Indep  |        |       |        |       |        |
| Total Depend |        |       |        |       |        |
| Total Claims |        |       |        |       |        |